



## PHYSICAL THERAPY BOARD OF CALIFORNIA

### Consumer Protection Services Program

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## CONSUMER COMPLAINT INSTRUCTIONS

### General Information

The function of the Physical Therapy Board of California (Board) is to protect the public from the incompetent, unprofessional, and/or unlawful practice of physical therapy. To fulfill this mission the Board investigates the background of applicants, licenses physical therapists and physical therapist assistants, certifies physical therapists to perform electromyography, investigates complaints from consumers and takes disciplinary action against licensees.

Following receipt of a complaint, the Board promptly mails a notice of receipt of the complaint to the complainant. Each complaint is reviewed to determine the course of action for the alleged violation, or whether the Board has jurisdiction. In most instances, the Board cannot effectively investigate cases where the complainant wants to remain anonymous. If the complaint concerns a matter or issue outside the Board's jurisdiction, the Board will inform you if another state or local agency might be able to assist you.

California law requires the Board to have clear and convincing evidence of a violation in order to sustain disciplinary action. Consequently, the Board's investigative process can be lengthy. However, the Board will periodically update you, in writing, on the status of the investigation and notify you of the outcome.

### Instructions for Filing Your Complaint

- ✓ Fill in the full name and address, telephone number, license number (if known) of the person your complaint is against. Also write this information in the first section of the Authorization for Release of Patient Health Information on the reverse side of the Complaint Detail section of the form.
- ✓ If you have seen another physical therapist for the **same** problem, include the name, address and date(s) of treatment on the release section of the complaint form.
- ✓ Write your complaint and include as many specific details as possible (who, what, when, where, why). Include the date(s) of treatment and specific examples of the problems with the care and treatment, also include patient records, photographs, audiotapes, correspondence, billing statements, proof of payments, etc.
- ✓ Sign and date the bottom of the complaint form on the Authorization for Release of Patient Health Information.

### Authorization for Release of Medical Information

The Authorization for Release of Patient Health Information found on the reverse side of the Complaint Details section of the form is a legal authorization for the Board to obtain information about the patient's physical therapy care from the facility(s) involved in the care. **ANY EXTRA COMMENTS, NOTATIONS, ETC. MAKE THE FORM VOID AND WE WILL HAVE TO ASK YOU TO COMPLETE ANOTHER RELEASE FORM.** If you wish to provide us with additional information, please do so using a separate sheet of paper. If your complaint involves more than three individuals, you may copy the blank form in order to have enough spaces. When this form is completed and signed, it allows the Board to order records from **ONLY** the individuals or facilities you have listed on the Authorization for Release of Patient Health Information.

**Print or type** the patient's name, date of birth, and medical record number if available. If we need to contact you to clarify your information, it will delay the review process. **FILL IN THE FULL NAME AND ADDRESS OF THE PERSON YOU ARE COMPLAINING ABOUT IN THE FIRST SECTION.** Fill in the names and addresses of all other health care providers where the patient was seen for the medical problems **in this specific complaint** (doctors and/or clinics or hospitals, etc.) using the other sections on the medical release.

**NOTE:** The release form must be signed and dated **by either the patient or the individual legally authorized to make decisions for the patient.** If the patient is unable to sign the release, the form may be signed by: 1) the next of kin, if the patient is deceased (provide a copy of the Death Certificate); 2) the parent of a minor child; or 3) the person named by the patient in a signed Power of Attorney granting the person authority to make **decisions** for the patient (provide a copy of this document).